

## Declaration For U.S. Patent Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled (INSERT TITLE) Method and apparatus  
for producing mechanical fibers

the specification of which \_\_\_\_\_,

(Check one  
of 1, 2, or  
3.)

1. ☐ is attached hereto.
2. ☒ was filed on November 18, 2003 as  
International PCT Application No. PCT/FI2003/000880  
and was amended on \_\_\_\_\_  
(if applicable)
3. ☐ was filed on \_\_\_\_\_ as  
U.S. Application Serial No. \_\_\_\_\_  
and was amended on \_\_\_\_\_  
(if applicable)

I hereby state that I have reviewed and understand the content of the above-identified specification, including the claim(s), as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application for which priority is claimed:

(List prior foreign applications.)	20022050 (Number)	Finland (Country)	18 November 2002 (Day/Month/Year Filed)	Priority Claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No

☐ See attached list for additional prior foreign applications

I hereby claim the benefit under Title 35, United States Code, §120, of any United States patent application listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56, which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

\_\_\_\_\_  
(Application Serial No.)

\_\_\_\_\_  
(Filing Date)

\_\_\_\_\_  
(Status)

KUBOVCIK & KUBOVCIK  
Docket No. \_\_\_\_\_

And I hereby appoint as principal attorney and agent Ronald J. Kubovcik, Reg. No. 25,401; and Keiko T. Kubovcik, Reg. No. 40,428.

Please direct all communications to the following address:

Kubovcik & Kubovcik  
The Farragut Building  
Suite 710  
900 17th Street, N.W.  
Washington, D.C. 20006  
Phone: (202) 887-9023  
Fax: (202) 887-9093

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first or sole inventor: Kai Vikman

Inventor's Signature: [Signature] Date: April 15, 2005

Residence: Kirkniemi, Finland

Citizenship: Finnish

Post Office Address: Kaskitie 2, FI-08800 Kirkniemi, Finland

Full name of second inventor: \_\_\_\_\_

Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Full name of third inventor: \_\_\_\_\_

Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_